

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GREENFIELD HOUSE (THE) (0009602)

Address: 21444 FLATIRON AVENUE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 04/01/2003

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0095200 **End Date:** 06/29/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009813 Served 07/12/2005

Deficiencies Cited

50.065(2)(bm)

83.13(5)(b)

83.14(1)(a)

83.33(3)(a)2

83.41(5)(d)4

Subject Area

OUT OF STATE BACKGROUND CHECKS

POLICY AND TRAINING INFECTION CONTROL

CLIENT RELATED TRAINING

REVIEW OF MEDICATION REGIMEN

APPROVED WELLS WATER SAMPLED ANNUALLY

Compliance
Verified

Corrected

Survey ID: 0090822 **End Date:** 07/25/2003 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10005331 Served 08/07/2003

Deficiencies Cited

83.32(2)(a)

Subject Area

INDIVIDUALIZED SERVICE PLAN-SCOPE

Compliance
Verified

Corrected

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 07/11/2005 **SOD #**10009813 **Appealed:** No

Sanctions

FORFEITURE---83.14(1)(a)

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